



RECEIVED
CLERK'S OFFICE
JAN 13 2006
STATE OF ILLINOIS
Pollution Control Board

OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

Lisa Madigan
ATTORNEY GENERAL

January 10, 2006

The Honorable Dorothy Gunn
Illinois Pollution Control Board
James R. Thompson Center, Ste. 11-500
100 West Randolph
Chicago, Illinois 60601

Re: ***People v. Paul Monnier***
PCB 06-105

Dear Clerk Gunn:

Enclosed for filing please find the original and ten copies of a Notice of Filing and Motion for Voluntary Dismissal in regard to the above-captioned matter. Please file the originals and return file-stamped copies to me in the enclosed, self-addressed envelope.

Thank you for your cooperation and consideration.

Very truly yours,


Thomas Davis, Chief
Environmental Bureau
500 South Second Street
Springfield, Illinois 62706
(217) 782-9031

TD/pp
Enclosures

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

RECEIVED
CLERK'S OFFICE

JAN 13 2006

STATE OF ILLINOIS
Pollution Control Board

PEOPLE OF THE STATE OF)	
ILLINOIS,)	
)	
Complainant,)	
)	
vs.)	
)	
PAUL MONNIER,)	
)	
Respondent.)	

PCB No. 06-105
(Enforcement)

NOTICE OF FILING

To: Paul Monnier
c/o Theresa Monnier
1515 Clinton St.
Warsaw, IL 62379

PLEASE TAKE NOTICE that on this date I mailed for filing with the Clerk of the Pollution Control Board of the State of Illinois, a MOTION FOR VOLUNTARY DISMISSAL, a copy of which is attached hereto and herewith served upon you.

Respectfully submitted,

PEOPLE OF THE STATE OF ILLINOIS

LISA MADIGAN,
Attorney General of the
State of Illinois

MATTHEW J. DUNN, Chief
Environmental Enforcement/Asbestos
Litigation Division

BY: 
THOMAS DAVIS, Chief
Assistant Attorney General
Environmental Bureau

500 South Second Street
Springfield, Illinois 62706
217/782-9031
Dated: January 10, 2006

CERTIFICATE OF SERVICE

I hereby certify that I did on January 10, 2006, send by First Class Mail, with postage thereon fully prepaid, by depositing in a United States Post Office Box a true and correct copy of the following instruments entitled NOTICE OF FILING and MOTION FOR VOLUNTARY DISMISSAL

To: Paul Monnier
c/o Theresa Monnier
1515 Clinton St.
Warsaw, IL 62379

and the original and ten copies by First Class Mail with postage thereon fully prepaid of the same foregoing instrument(s):

To: Dorothy Gunn, Clerk
Illinois Pollution Control Board
James R. Thompson Center
Suite 11-500
100 West Randolph
Chicago, Illinois 60601



THOMAS DAVIS, Chief
Assistant Attorney General

This filing is submitted on recycled paper.

STATE OF IOWA

County Record

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH 114-

TYPE IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK	BIRTH NUMBER		DECEDENT'S NAME			DATE OF DEATH (Mo., Day, Yr.)
	1. Paul		A. Monnier			2. MAR 13 2005
SEX	3. Male		AGE - LAST BIRTHDAY (Years)	UNDER 1 YEAR	DATE OF BIRTH (Mo., Day, Yr.)	COUNTY OF DEATH
	4a. 49		4b. 4c. 4d.	4e. 4f. 4g.	1. MAR 24 1955	2a. Lee
FACILITY NAME (If not available, give street and number)					CITY, TOWN OR LOCATION OF DEATH	
4a. Keokuk Area Hospital					4b. Keokuk	
5a. PLACE OF DEATH (Check only one)						
5b. <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Hospice <input type="checkbox"/> DCA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)						
DECEASED	WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes Below)			RACE - White, Black, American Indian, Etc. (Specify)		DECEDENT'S EDUCATION (Specify only highest grade completed)
	1. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			2. White		3. 12
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN A NON-TERRITORY STATE INSTITUTION, GIVE INSTITUTION ADDRESS AS RESIDENCE	BIRTHPLACE (City and State or Foreign Country)		CITIZEN OF WHAT COUNTRY		SURVIVING SPOUSE (If wife, give maiden name)	
	1a. Carthage, IL		11. USA		12a. Theresa Merritt	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)		KIND OF BUSINESS OR INDUSTRY		WAS DECEASED EVER IN U.S. ARMED SERVICES? (Specify Yes or No)
13. 346-50-1495		14a. Laborer		14b. Machinery		15. No
RESIDENCE - STATE		COUNTY	CITY, TOWN OR LOCATION		STREET AND NUMBER OF RESIDENCE	
16a. Illinois		16b. Hancock	16c. Warsaw		16d. 3515 Clinton Street	
PARENTS			MOTHER'S NAME			
17. John E. Monnier			18. Bonnye Gayle Stelmer			
INFORMANT			MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
19a. Theresa Monnier			19b. 3515 Clinton Street Warsaw, IL 62379			
BURIAL	20a. METHOD OF DISPOSITION			PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place)		LOCATION (City or Town, State)
	<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			20b. Graham Cemetery		20c. Denver, IL
FUNDAL DIRECTOR - SIGNATURE						F. D. LICENSE #
21a. Joseph P. deClair						21b. 02558
FUNDAL HOME - NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						
21c. Lamporte Funeral Homes, 450 S. Fourth St Warsaw, IL 62379						
REGISTRAR - SIGNATURE						DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
22a. Larry Holtkamp						22b. March 29, 2005
23. MANNER OF DEATH		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	INJURY AT WORK? (Specify Yes or No)		
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		24a.	24b. M. 24c.	24d.		
23a. <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		PLACE OF INJURY (Specify if home, farm, street, factory, office building, etc.)		LOCATION (Street and Number or Rural Route Number, City or Town, State, Zip Code)		
23b.		24a.		24b.		
To the best of my knowledge, death occurred at the time, date and place due to the cause(s) and manner as stated						DATE SIGNED
25a. (Signature and Title) Dr. Eugenio Torres M.D. Medical Examiner						25b. 3-24-05
25c. 10:14 AM						
CERTIFIER						
26. NAME AND ADDRESS OF CERTIFIER (Physician or Medical Director) (Type / Print)						
27. Dr. Eugenio Torres 3012 Timberlane Drive Fort Madison, IA 52627						
28. PART I Enter the disease, injury, or complication that caused the death. Do not enter the mode of dying, such as cardiac arrest, stroke, or heart failure. List only one cause on each line.						
Final disease or condition resulting in death.		IMMEDIATE CAUSE				
		(a) Bilateral pulmonary thromboembolism				
28a. (Specify if fat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that indicated events resulting in death) LAST.		(b) DUE TO (OR AS A CONSEQUENCE OF)				
		(c) DUE TO (OR AS A CONSEQUENCE OF)				
		(d) DUE TO (OR AS A CONSEQUENCE OF)				
		(e) DUE TO (OR AS A CONSEQUENCE OF)				
		(f) DUE TO (OR AS A CONSEQUENCE OF)				
PART II & Other significant conditions contributing to death but not resulting in the underlying cause given in Part I				29. IF FEMALE WAS THERE A PREGNANCY IN THE PAST 12 MONTHS? (Specify Yes or No)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Specify Yes or No)
Clinical history of testicular carcinoma				No		Yes

PH-688-0021
revised - 1/80

This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Chapter 144, Code of Iowa.

3-29-2005 DATE ISSUED
 Larry Holtkamp OF Lee COUNTY REGISTRAR OF VITAL RECORDS COUNTY

C1875869
FORM #588-0328C (1999)

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY

